MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO. 10/598811	FILING DATE
	APPLICANT(S)	

6/25/7

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		1						53						
4		3						54						
5		3						55						
6		D						56						
7		D						57						
8		D						58						
9		D						59						
10		D						60						
11		D						61						
12		D						62						
13		D						63						
14		D						64						
15		D						65						
16		D						66						
17		D						67						
18		D						68						
19		D						69						
20		D						70						
21				1				71						
22				–				72						
23				–				73						
24				–				74						
25				–				75						
26				–				76						
27				–				77						
28				–				78						
29				–				79						
30				–				80						
31				–				81						
32				–				82						
33				–				83						
34				–				84						
35				–				85						
36				–				86						
37				–				87						
38				–				88						
39				–				89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	1		4					TOTAL IND.						
TOTAL DEP	23		19					TOTAL DEP						
TOTAL CLAIMS	24		23					TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)